



Assistant Commissioner for Patents
Washington, D.C. 20231

Date 09/05/2000
Mo. 865 Day 4327 Yr.
Atty. Docket 191236339
Application No. 191236339



Sir:

Kindly acknowledge receipt of the accompanying:

Response to Official Action dated 3/3/00
 Check for \$ _____ (claims fee)
 Petition under 37 CFR 1.136 and Check for \$ 870
 Notice of Appeal and Check for \$ _____
 Information Disclosure Statement, PTO-1449 and _____ documents
 Claim for priority and certified copies of _____ priority applications
 Issue fee transmittal and Check for \$ _____
 Other (specify) Transmittal Sheet

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. CDW/one

Due Date 09/05/00
Mo. Day Yr.
(Sunday)

37 CFR 1.8
37 CFR 1.10
By Hand

RECEIVED
DEC - 6 2000
JIC 2800 MAIL ROOM

In re Application of:

SEIICHI KASHIWABA, ET AL.

Application No.: 09/236,339

Filed: January 25, 1999

For: OPTICAL-ELEMENT HOLDING MECHANISM,
IMAGE-SHAKE CORRECTING DEVICE AND
OPTICAL APPARATUS

Docket No. 865.4327

Examiner: T. Nguyen

Group Art Unit: 2872

Date: September 5, 2000
(Tuesday After Holiday)

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COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18	MINUS	20	0	x \$9 \$18	0
INDEP. CLAIMS	4	MINUS	4	0	x \$39 \$78	0
Fee for Multiple Dependent claims \$130°/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						0

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

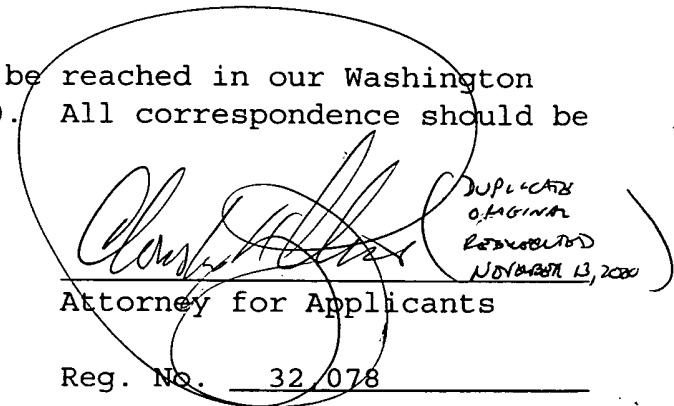
Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$870.00 to cover the fee for a six (6) month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
CPW\gmc